

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr John Rollins, a prisoner at HMP Wymott, on 5 November 2021

A report by the Prisons and Probation Ombudsman

OUR VISION

To deliver high quality and timely independent investigations and work closely with partners to achieve tangible benefits for the safety and confidence of those in custody and under community supervision.

WHAT WE DO



WHAT WE VALUE



© Crown copyright, 2023

This report is licensed under the terms of the Open Government Licence v3.0. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3

Where we have identified any third-party copyright information you will need to obtain permission from the copyright holders concerned.

Summary

1. The Prisons and Probation Ombudsman aims to make a significant contribution to safer, fairer custody and community supervision. One of the most important ways in which we work towards that aim is by carrying out independent investigations into deaths, due to any cause, of prisoners, young people in detention, residents of approved premises and detainees in immigration centres.
2. We carry out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.
3. Mr John Rollins died in hospital from COVID-19, on 5 November 2021, while a prisoner at HMP Wymott. He also had underlying chronic obstructive pulmonary disease (COPD) and dementia, which contributed to, but did not cause his death. Mr Rollins was 72 years old. I offer my condolences to his family and friends.
4. The clinical reviewer found that Mr Rollins' care was of a good standard and equivalent to that which he could have expected to receive in the community. However, she considered it was not good practice that his second-stage health assessment was completed on the same day as his reception health screen; and she was concerned that the clinical assessment observations taken during those assessments did not include his respiratory rate. She also highlighted the need for a formal mental capacity assessment if a prisoner's cognition declines as a result of dementia.
5. Mr Rollins appears to have caught COVID-19 at Wymott as he had not left the prison for several months.
6. There were no non-clinical issues of concern.

Recommendations

- The Head of Healthcare should ensure that second-stage health assessments for new prisoners are completed in accordance with national clinical guidelines.
- The Head of Healthcare should ensure that clinical observations during reception health screens are fully completed and recorded.
- The Head of Healthcare should ensure that healthcare staff complete a formal mental capacity assessment when a prisoner is diagnosed with dementia and his cognitive function declines.

The Investigation Process

7. NHS England commissioned an independent clinical reviewer to review Mr Rollins' clinical care at HMP Wymott.
8. The PPO investigator investigated the non-clinical issues, including aspects of the prison's response to COVID-19 and shielding prisoners; Mr Rollins' location; the security arrangements for his journey and admission to hospital; liaison with his family; and whether early release was considered.
9. The Ombudsman's family liaison officer wrote to Mr Rollins's next of kin, his son, to explain the investigation. He did not have any specific issues for the investigation to consider.
10. We shared our initial report with HM Prison and Probation Service (HMPPS). They found no factual inaccuracies. They provided an action plan which is annexed to this report.
11. We sent a copy of our initial report to Mr Rollins' son. He did not notify us of any factual inaccuracies.

Previous deaths at HMP Wymott

12. Mr Rollins was the fifteenth prisoner at Wymott to die since November 2019. Of the previous deaths, thirteen were from natural causes (one due to COVID-19) and one was apparently drug-related. There have since been seven further deaths, one self-inflicted and the remainder from natural causes (three due to COVID-19). There are no similarities between our findings in the investigation of Mr Rollins death' and the previous cases.

COVID-19 (coronavirus)

13. COVID-19 is an infectious disease that affects the lungs and airways. It is mainly spread through droplets when an infected person coughs, sneezes, speaks or breathes heavily. On 11 March 2020, the World Health Organisation (WHO) declared COVID-19 a worldwide pandemic.
14. COVID-19 can make anyone seriously ill, but some people are at higher risk of severe illness and developing complications from the infection. In response to the pandemic, HM Prison and Probation Service (HMPPS) introduced several measures to try and contain outbreaks - to be implemented at local level, depending on the needs of individual prisons. (A key strategy was 'compartmentalisation' to cohort and protect prisoners at high and moderate risk; isolate those who are symptomatic; and separate newly arrived prisoners from the main population.)
15. In September 2021, the shielding programme ended in the community, but HMPPS continued to routinely offer shielding to clinically high-risk prisoners. This has recently been replaced by a system of individual risk assessments by clinical staff, to determine the measures necessary to support such prisoners. The agreed adjustments are documented in a *Personal Management Plan*, which is then facilitated by operational staff.

Key Events

16. Mr John Rollins was convicted of sexual offences. On 7 September 2015, he was sentenced to 17 years and 4 months imprisonment and sent to HMP Durham. Mr Rollins transferred from HMP Garth to HMP Wymott on 28 June 2019.
17. A nurse completed Mr Rollins' initial and second-stage health assessments on the same day. His existing physical health conditions included COPD, high blood pressure, high cholesterol, angina, dystonia (uncontrolled and painful spasms), left-sided weakness, obesity and a head injury which had affected his short-term memory. He had reduced mobility and used walking aids. The nurse referred Mr Rollins to the long-term conditions clinic to monitor his COPD.
18. The nurse also noted that some of Mr Rollins' responses suggested confusion and that he might benefit from a dementia assessment. Over time, several entries indicated a deterioration in his cognitive skills. (In May 2020, Mr Rollins was referred to the mental health services and undertook cognitive tests for dementia.)
19. Shortly after confirmation of the COVID-19 pandemic in March 2020, Mr Rollins was identified as at high risk of complications from the virus. He therefore gave up his job and was given a single cell on I wing, a shielding unit for older men and those requiring social care. During weekly welfare checks, it was noted that he had no problems with the isolation procedures. On 12 May, Mr Rollins received a COVID-19 support letter giving updates on policies and procedures.
20. On 21 May, a custodial manager advised Mr Rollins that he was eligible to apply for early release on compassionate grounds, through a special purpose licence, under the provisions for those who were medically vulnerable to COVID-19. This was later confirmed in writing and it was explained that applications were initially screened and only those who met the eligibility criteria proceeded to a full risk assessment.
21. Over the following months, healthcare staff saw Mr Rollins frequently, managing his chronic medical conditions, as well as medical emergencies. Each time he was discharged from hospital, he was placed in isolation, in line with the Prison Service policy at that time. Several entries noted episodes of confusion.

2021

22. Mr Rollins received his first COVID-19 vaccination on 1 February 2021 (and a further dose on 15 April).
23. On 19 July, an entry in the medical records, noted that Mr Rollins had been formally diagnosed with Alzheimer's Disease. He was prescribed medication and monitored in consultation with the local Memory Assessment Service.
24. On 21 October, Mr Rollins felt unwell, with diarrhoea and vomiting. A nurse checked his clinical observations which were within normal range.
25. On 23 October, all the prisoners on Mr Rollins' wing were tested for COVID-19, as one of the men had tested positive. Mr Rollins also tested positive and was required to self-isolate. As he was at high risk of complications, healthcare staff created a

COVID-19 care plan which specified that he should be checked every four hours, with clinical observations four times a day. He was initially asymptomatic and his clinical observations were normal.

26. During morning welfare checks on 27 October, an officer saw Mr Rollins groaning in pain. Although Mr Rollins dismissed it as simply aches and pains, the officer reported it to the healthcare centre.
27. The Nurse Manager went to see Mr Rollins at 8.30am and found him lying across his bed, unable to move, with a swollen and painful right leg. She took clinical observations and asked the GP to review him.
28. A prison GP examined Mr Rollins and requested a D-Dimer blood test to check for possible blood clots and deep vein thrombosis (DVT). As the results showed a slightly raised D-Dimer level, the GP prescribed a blood thinner and requested further tests.
29. At around 9.00pm on 28 October, one of the pathology team at the Royal Preston Hospital informed the prison that Mr Rollins' test results had shown abnormalities. A nurse immediately contacted the out-of-hours GP service and waited for a doctor to call.
30. At 2.00am on 29 October, one of the GPs from the service telephoned about another patient and the nurse mentioned Mr Rollins (whose case had yet to be allocated). The GP advised that Mr Rollins should be sent to hospital, as his blood tests suggested the possibility of pneumonia, a urine infection, or dehydration. Mr Rollins was admitted to hospital. He was escorted by two prison officers and no restraints were used, due to his age, mobility and health.
31. At midday, a prison manager informed Mr Rollins' son that he had been diagnosed with COVID-19 and was in hospital. A family liaison officer was later assigned and gave his son further information.
32. Healthcare staff obtained regular updates. Mr Rollins was initially treated for an acute kidney infection, as well as DVT and was noted to be increasingly confused.
33. On 1 November, Mr Rollins began treatment for COVID-19 pneumonitis. He received intravenous antibiotics and high flow oxygen, but due to his confusion, he found it difficult to tolerate the mask and often removed it. His condition deteriorated and on 2 November, it was agreed that he would not be resuscitated if his heart or breathing stopped.
34. On 4 November 2021, the prison began an application for early release, but Mr Rollins died before it was completed.
35. Mr Rollins began palliative care on 5 November and died that evening. The family liaison officer promptly notified Mr Rollins' son.
36. The escort officers were debriefed and offered support. Notices were later issued to prisoners and other staff, informing them of Mr Rollins' death and the support services available.

37. The prison paid for Mr Rollins' body to be taken to his hometown and contributed to the costs of his funeral.

Cause of death

38. No post-mortem examination was carried out. Pending the inquest, the Coroner noted the provisional cause of death, certified by a hospital doctor, as COVID-19. Mr Rollins also had underlying chronic obstructive pulmonary disease and dementia, which did not cause but contributed to his death.

Findings

Clinical Findings

39. The clinical reviewer concluded that Mr Rollins' clinical care was of a good standard and equivalent to that which he could have expected to receive in the community. She considered that management of his long-term and acute conditions was timely and appropriate, with prompt referrals to hospital, when necessary. However, she identified some areas for improvement, which we summarise below.

Reception and second-stage health assessments

40. National Institute for Health and Care Excellence (NICE) Guideline 57 covers the management of the physical health of people in prison. It states that in order to provide continuity of care, every prisoner should receive a health assessment to identify immediate health needs (before they are allocated to their cell), as well as a second-stage health assessment within seven days of their arrival.
41. Mr Rollins' initial and secondary health assessments were completed on the same day. The clinical reviewer noted that this did not allow sufficient time for the prisoner to adapt to the prison environment and for any health needs to be identified.
42. The clinical reviewer also found that the clinical observations taken during the reception health screens were incomplete, as Mr Rollins' respiratory rate was not recorded. We recommend:

The Head of Healthcare should ensure that second-stage health assessments for new prisoners are completed in accordance with national clinical guidelines.

The Head of Healthcare should ensure that clinical observations during reception health screens are fully completed and recorded.

Management of Mr Rollins' risk of infection from COVID-19

43. Throughout the COVID-19 pandemic, Wymott treated all prisoners over 70 years old as high risk and clinically vulnerable. Mr Rollins fell within this category due to his medical conditions, as well as his age. Staff discussed his risks with him and he was accommodated on a dedicated shielding unit, which was only open to essential visitors. The prison continued to provide shielding for vulnerable prisoners after it stopped in the community and was no longer a mandatory Prison Service requirement.
44. We are satisfied that Mr Rollins' risk was managed in line with national guidance. However, despite the protective measures, it seems that he contracted COVID-19 at Wymott, as he had not left the prison during the recognised incubation period.

Monitoring Mr Rollins after he contracted COVID-19

45. The investigation found that Mr Rollins was closely monitored in accordance with his COVID-19 care plan. This included several welfare checks and clinical

observations each day. Staff attending his cell were required to wear full personal protective equipment (PPE).

46. In addition to the clinical monitoring, operational staff carried out hourly wellbeing checks for all the men on the unit. An officer promptly reported his concerns about Mr Rollins' condition to healthcare staff and this led to further monitoring and tests. We are satisfied that Mr Rollins was managed appropriately after he caught COVID-19.

Mental capacity

47. The clinical reviewer was satisfied that healthcare staff fully consulted Mr Rollins about his care. However, given his diagnosis of dementia, she was concerned that there had been no formal assessment of his capacity to make decisions about his health needs. We share her concern and recommend:

The Head of Healthcare should ensure that healthcare staff complete a formal mental capacity assessment when a prisoner is diagnosed with dementia and his cognitive function declines.

Kimberley Bingham

Acting Prisons and Probation Ombudsman

March 2023

Inquest

The inquest, heard on 19 October 2023, concluded that Mr Rollins died partly from natural causes and chronic obstructive pulmonary disease probably caused by exposure to coal dust while working in the coal industry during the 1960s and 1970s.

**Prisons &
Probation**

Ombudsman
Independent Investigations

Third Floor, 10 South Colonnade
Canary Wharf, London E14 4PU

Email: mail@ppo.gov.uk
Web: www.ppo.gov.uk

T | 020 7633 4100